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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/268,445 03/12/1999 PAT 6,405,158
 which is a CON of 08/771,484 12/23/1996 PAT 5,898,599
 which is a CON of 08/130,639 10/01/1993 PAT 5,625,576

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/14/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance RUSSELL FREID Examiner's Signature Initials	NH	10	19	3

ADDRESS

021323
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TITLE

Force reflecting haptic interface

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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